

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3275AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2009
NAME OF PROVIDER OR SUPPLIER EVERGREEN RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1305 KINGS COURT RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/28/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 5/28/09, the facility failed to ensure 3 of 4 employees had FBI background check results in their employee files (Employee #1, #2 and #4).	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 Severity: 2 Scope: 3	Y 105		
Y 179 SS=D	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 5/28/09, the facility failed to provide screens on 2 windows in the house (bedrooms #1 and #6) and on 1 sliding glass door (bedroom #2) to prevent the entry of insects. Severity: 2 Scope: 1	Y 179		
Y 853 SS=D	449.274(3)(a) Medical Care / Records NAC 449.274 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. the record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered. This record must accompany the resident if he is transferred to another facility.	Y 853		

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Y 853	Continued From page 2 This Regulation is not met as evidenced by: Based on interview and record review on 5/28/09, the facility failed to document when caregivers noticed the change in 1 of 8 residents right foot skin condition and the call to the resident's physician for evaluation (Resident #2). Severity: 2 Scope: 1	Y 853			
Y 876 SS=C	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on interview and record review on 5/28/09, the facility failed to ensure the ultimate user agreements obtained for 6 of 8 residents were accurate (Resident #1, #2, #4, #5, #6 and #7). Severity: 1 Scope: 3	Y 876			

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